

SYSTEMS AND METHODS FOR POLICY BASED PRINTING

Palo Alto, CA 94303 USA

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any)

Matthew	K.	FRANKLIN
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

Matthew K. Franklin

3 ****DATE OF SIGNATURE:**

April	11	2000
Month	Day	Year

Residence: Palo Alto CA U.S.A.
City State or Province Country

Citizenship: United States

Post Office Address:

(Insert complete
mailing address,
including country)

334 Grant Avenue

Palo Alto, CA 94306 U.S.A.

1 **Typewritten Full Name**
of Third Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:
City State or Province Country

Citizenship:

Post Office Address:

(Insert complete
mailing address,
including country)

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:
City State or Province Country

Citizenship:

Post Office Address:

(Insert complete
mailing address,
including country)

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:
City State or Province Country

Citizenship:

Post Office Address:

(Insert complete
mailing address, including
country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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